

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

25880 7990 07/07/2006

FOX ROTHSCHILD LLP  
PRINCETON PIKE CORPORATE CENTER  
997 LENOX DRIVE, BUILDING #3  
LAWRENCEVILLE, NJ 08648

Certificate of Mailing or Transmission  
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Cheryl L. Powell	(Depositor's name)
<i>Cheryl L. Powell</i>	(Signature)
October 9, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/941,395	08/28/2001	Leo A. Trevino	IMC0004-15CT	6627

TITLE OF INVENTION: STABILIZED OAS EMULSION CONTAINING PHOSPHOLIPID FOR ULTRASOUND CONTRAST ENHANCEMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	10/10/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS				
JONES, DAMERON LEVEST	1618	424-009520				

10/10/2006 TBESHAH2 00000042 501943 09941195

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
☐ Change of correspondence address (or Change of Correspondence Address form: PTO/SB/122) attached.  
☐ "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list:  
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 1400.00 DA  
300.00 DA  
2 Fox Rothschild LLP  
3 Gerard P. Norton

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Imcor Pharmaceutical Co.

San Diego, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

## 4a. The following fee(s) are submitted:

☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies

## 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

☐ A check is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1943 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

*Gerard P. Norton*

Date October 9, 2006

Typed or printed name

Gerard P. Norton

Registration No. 36,621

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

BEST AVAILABLE COPY

**FOX ♦ ROTHSCHILD LLP**ATTORNEYS AT LAW  
A PENNSYLVANIA LIMITED LIABILITY PARTNERSHIPMAILING ADDRESS P.O. BOX 5231 PRINCETON, NJ 08543-5231  
PRINCETON PIKE CORPORATE CENTER 997 LENOX DRIVE BUILDING 3 LAWRENCEVILLE, NJ 08648-2311  
VOICE: (609) 896-3600  
FAX: (609) 896-1469

DATE: OCTOBER 9, 2006

**FACSIMILE TRANSMITTAL SHEET**

<b>TO:</b>	<b>COMPANY:</b> United States Patent & Trademark Office	<b>FAX NUMBER:</b> (571) 273-2885	<b>PHONE NUMBER:</b> (571) 272-4200
<b>FROM:</b> Gerard P. Norton, Esq.	<b>PHONE NUMBER:</b> (609) 844-3020	<b>EMAIL:</b> gnorton@foxrothschild.com	<b>BILLING NUMBER:</b> 1472
<b>NUMBER OF PAGES:</b> 2	<b>CHARGE FILE #:</b> 48175.00012	<b>PRIORITY:</b> HIGH	<b>LOG NUMBER:</b>

IF YOU DO NOT RECEIVE ALL OF THE PAGES,  
PLEASE CALL (609)896-6290 AS SOON AS POSSIBLE.  
ORIGINAL DOCUMENT WILL NOT FOLLOW BY MAIL☒ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ FOR YOUR INFORMATION

NOTES/COMMENTS:

**PLEASE CONFIRM RECEIPT VIA RETURN FACSIMILE!**  
**THANK YOU!**

## IRS CIRCULAR 230 DISCLOSURE:

PURSUANT TO TREASURY REGULATIONS, ANY TAX ADVICE CONTAINED IN THIS COMMUNICATION (INCLUDING ANY ATTACHMENTS) IS NOT INTENDED OR WRITTEN TO BE USED, AND CANNOT BE USED OR RELIED UPON BY YOU OR ANY OTHER PERSON, FOR THE PURPOSE OF (a) AVOIDING PENALTIES UNDER THE INTERNAL REVENUE CODE, OR (b) PROMOTING, MARKETING OR RECOMMENDING TO ANOTHER PARTY ANY TAX ADVICE ADDRESSED HEREIN.

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

I.V1 432266v1 10/07/06

PAGE 1/2 \* RCVD AT 10/9/2006 12:07:28 PM [Eastern Daylight Time] \* SVR:USPTO-EFXRF-6/32 \* DNIS:2732885 \* CSID:609 896 1469 \* DURATION (mm-ss):01-16

**BEST AVAILABLE COPY**